Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 2690280 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE ____ OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE **FOR** NUMBER FILED NUMBER EXTRA **BASIC FEE** 385.00 BASIC FEE 770.00 OR TOTAL CHARGEABLE CLAIMS 0 minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X43 =X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +145 =+290= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN **SMALL ENTITY** OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL AFTER **PREVIOUSLY EXTRA AMENDMENT** FEE PAID FOR FEE Total Minus X\$ 9= X\$18= OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL TIONAL AFTER **PREVIOUSLY** RATE RATE **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus *** X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3)

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AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESE				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	X\$ 9=		OR	X\$18=			
	X43=		OR	X86=			
	+145=		OR	+290=			
,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

AMENDMENT

AMENDMENT